SIRTH NO. REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 453 Registrar's No. 1. PRIMARY REG. DIST. NO. 1. PRIMARY REG. D	Aug 24 1951	STANDARD CERTIF	ICATE OF DEAT	Н	29398
1. PLACE OF DEATH 2. COUNTY Washington 2. LENGTH OF TOWN Potos1 5. COUNTY Washington 6. COUNTY 6. COUN		316		453/	E A
D. CITY (If outside corporate limits, write RURAL and give, township) TOWN POtosi d. FULL NAME OF (If sox in become or institution, cire witers address or institution) TOWN POtosi d. FULL NAME OF (If sox in become or institution, cire witers address or institution) TOWN POtosi d. FULL NAME OF (If sox in become or institution, cire witers address or institution) TOWN POtosi d. FULL NAME OF (If sox in become or institution, cire witers address or institution) TOWN POtosi d. FULL NAME OF (If sox in become or institution, cire witers address or institution) TOWN POtosi d. FULL NAME OF (If sox in become or institution) TOWN POTOsi d. DATE (Month) (Day) TOWN POTOsi	CE OF DEATH	1100	2 USUAL RESIDEN	CE (Where deceased li	ved. If institution; residence befo
d. FULL NAME OF (If as in beginal or institution, cire stress address or location) NOTIFICAL OR HOSPITAL OR HOSPI	「Y (II outside corporate limite, write I R	township) [ŞŢAY (in this place)	c. CITY (If outside corpora	te limite, write BURAL as	nd give township)
DECEASED (Type or Print) Anna E. Ferguson DEATH 8 10 10 5. SEX 6. COLOR OR RACE Penale White Mite White Whit	LL NAME OF (If not in hospital or i				0
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WINDOWED, UVONCED (species) 9. DATE OF BIRTH 9. AGE (to year) 100	ME OF a. (First) EASED	• •	• •	i ne	, , , , , , , , , , , , , , , , , ,
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dependents mast of works tile, even it recited) DUSTRY HOWARD, COUNTY, MO COUNTY		WIDOWED, DIVORCED (Specify)		lest birthday)	Months Days Hours Min.
38. FATHER'S NAME JOHN HOTING S. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. NO. 18. CAUSE OF DEATH Enter only one onusus per the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the mode of dying, such as heart failure, esthemic, the to the above cause (a) estating the to the above cause	ring most of working life, even if retired)	DUSTRY			12. CITIZEN OF WHA
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Dirial 8-13-1951 Maple Park Allrora Mo Date RECO BY LOCAL REGISTRAR SIGNATURE 4/3 3 5 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	L'I Cress			osi , /	123c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 403 S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	MOVAL (Sensity)	1			vn, or county) / (State)
. 1. 1 ~ . REG. L. 1 //	C'D BY LOCAL REGISTRAR'S				ADDRESS
((Licensed Embeloner's Statement on Reverse Side)	1/51 REG. / /20	rut rudallo		ginbotham	Potosi. Mo

RECEIVED

WASH. COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALME

•	
I hereby certify that the body whose name is recorded on the reverse side	of this certificate was embalmed by me, or by
·	Student Embalmer No
working under my personal supervision.	0
	Mac m Said

Licensed Embalmer No. 45 9 4 P. O. Address TO TO S. 1. MISSOURI.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Holand . win